



\$ 1800

Customized PTO/SB/21 (12-04)

|  |                |                 |
|--|----------------|-----------------|
| <b>TRANSMITTAL FORM</b><br><br>(for all correspondence after initial filing) | Application #  | 10/668,665      |
|  | Confirmation # | 1061            |
|  | Filing Date    | 09/23/2003      |
|  | First Inventor | YVIN            |
|  | Art Unit       | 1623            |
|  | Examiner       | Maier, Leigh C. |
| Total number of pages in this submission =                                   | Docket #       | P08425US00/BAS  |

| ENCLOSURES (check all that apply)   |   |
|---|---|
| <input checked="" type="checkbox"/> Fees calculated below<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> including Attachment(s)<br><input type="checkbox"/> After Final Amendment/Reply<br><input type="checkbox"/> including Attachment(s)<br><input checked="" type="checkbox"/> Extension of Time Petition<br><input type="checkbox"/> | <input type="checkbox"/> Response to Missing Parts/Incomplete Appl.<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Drawing(s)<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/><br><input type="checkbox"/> |

| FEES CALCULATION: For claims if required and/or other fees as shown below:            |     |                     |               |            |               |
|---|-----|---------------------|---------------|------------|---------------|
|   | NOW | Previously Paid For | Present Extra | Rate       | \$            |
| <input type="checkbox"/> TOTAL CLAIMS   | 10  | - 20                | 0             | X \$ 50 =  | 0             |
| <input type="checkbox"/> INDEPENDENT CLAIMS   | 2   | - 3                 | 0             | X \$ 200 = | 0             |
| TOTAL OF ABOVE CLAIMS FEES =  |     |                     |               |            | 0             |
| <input type="checkbox"/> Reduction by 1/2 for <b>small entity status</b> of applicant |     |                     |               |            |               |
| SUBTOTAL =  |     |                     |               |            | 0             |
| <input checked="" type="checkbox"/> Fee for extension of time (per attached Petition) |     |                     |               |            | 510.00        |
| <input checked="" type="checkbox"/> Other fee for Terminal Disclaimer                 |     |                     |               |            | 65.00         |
| TOTAL OF ALL FEES =   |     |                     |               |            | <b>575.00</b> |

☒ A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$575.00 is enclosed.

☒ The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:  
(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or  
(2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: April 21, 2006

By: B. Aaron Schulman  
Registration No.: 31,877

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